

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

## PLAINTIFF

Scott Stern, et al

## COURT CASE NUMBER

04 CV 30176 - ~~MAP~~ FDS

## DEFENDANT

University of Massachusetts at Amherst, Associate Counsel of

## TYPE OF PROCESS

## SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONFINEMENT



ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

300 Whittier Administration Building Amherst, Massachusetts 01003

## SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Scott Stern  
400 West Main St  
North Adams, MA. 01247Number of process to be  
served with this Form - 285

3

Number of parties to be  
served in this case

5

Check for service  
on U.S.A.

0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, A.I. Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF  
 DEFENDANTTELEPHONE NUMBER  
(413) 664-7805

DATE

9/7/04

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)Total Process  
1District  
of Origin  
No. 38District  
to Serve  
No. 38Signature of Authorized USMS Deputy or Clerk  

Date

9/7/04

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service  
10/5/04  
Time  
2:00  
pmSignature of U.S. Marshal or Deputy  

Service Fee Total Mileage Charges (including endeavors) Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Amount of Refund

REMARKS:

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	Scott Stern, et al		COURT CASE NUMBER	04CV30176- <del>MEAP</del> F-25						
DEFENDANT	University of Massachusetts, University Health Services et al		TYPE OF PROCESS	5/C Motion						
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN									
→	Director of Health Services, Bernadette Melby									
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)									
	150 Infirmary Way, Falmouth, MASSACHUSETTS 01003									
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:										
<input type="checkbox"/> Scott Stern 400 West MAIN St North Adams, MA. 01247										
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>3</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>5</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td>0</td> </tr> </table>					Number of process to be served with this Form - 285	3	Number of parties to be served in this case	5	Check for service on U.S.A.	0
Number of process to be served with this Form - 285	3									
Number of parties to be served in this case	5									
Check for service on U.S.A.	0									

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses All Folded)

Signature of Attorney or other Originator requesting service on behalf of:

*Scott Stern*

PLAINTIFF  
 DEFENDANT

TELEPHONE NUMBER

(413) 664-7805

DATE

9/7/04

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk <i>David D. Spelly</i>	Date 9/13/04
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 10/5/04	Time 2:15 (pm)
Signature of U.S. Marshal or Deputy <i>David D. Spelly</i>	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: